

CHILD WELFARE IN NORTH CAROLINA

TRANSFER OF LEARNING SUPERVISOR'S INSTRUCTION MANUAL



Child Welfare in North Carolina Transfer of Learning Supervisor's Instruction Manual

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Purpose and Use of the Manual

The Transfer of Learning Supervisor's Instruction Manual was designed to provide guidance to supervisors in orienting and training new child welfare workers. It is an essential complement to Pre-service training in ensuring that the worker effectively transfers the knowledge and skills learned in training to his/her role in the agency. The manual was developed specifically to help supervisors provide these important on-the-job training activities in an effective, yet time-efficient way. The tasks outlined in this manual must be completed by the trainee in order to fulfill the requirements of Pre-service training.

The Activities

Although the transfer of learning activities are largely self-directed, it is recommended that supervisors offer guidance during this process and provide ongoing feedback to trainees. This will serve to reinforce learning, as well as give supervisors the opportunity to observe and evaluate workers' acquisition of job skills. If a supervisor is unavailable to oversee the process, it is acceptable for him/her to assign a mentor to step into that role. This mentor should be someone who exemplifies professional social work values and has considerable experience working with families.

The trainee will need several resources in order to complete the activities. The supervisor should assist him/her in obtaining the following:

- ◆ All chapters of the updated Family Services Manual Volume I, the NC Juvenile Code, the Children's Services Standards
- ◆ All assessment tools used in the Structured Decision Making process
- ◆ The computer based training modules, Orientation to the NC Social Service System and Customer Service Excellence (each county agency should have them via CD-ROM or downloaded from the Children's Services website: <http://www.dhhs.state.nc.us/dss/childrensservices/training/cbt.htm>).

Included in this manual are checklists for both supervisors and learners which will assist them in ensuring that all requirements for completion of Pre-service training are met. These checklists should be duplicated for use with each new trainee. Please be sure that the supervisor and/or trainee maintain copies of all activities and that no case identifying information is included in the portfolio.

Within 30 days of the conclusion of training, the trainers will send the participant's completed transfer of learning portfolio, as well as the Participant Feedback Form

and Certificate of Completion, to his/her supervisor. This information will be helpful in giving the supervisor insight into the trainee's progress and potential as a child welfare worker.

Portions of this manual have been adapted from The Ohio Institute of Human Services, Orientation and Self Directed Learning Manual for Child Welfare Caseworkers.

Overview of *Child Welfare in North Carolina*

The following outline provides supervisors with a broad overview of the content of the four weeks of Pre-service training so that they may begin to think about specific ways in which the training will help prepare trainees for their jobs depending on their level of competence and experience.

Purpose

Child Welfare in North Carolina, also known as “Pre-service Training” offers 12 days of classroom instruction designed to enhance both the knowledge and the skills that are necessary for a new worker to begin work in the field of child welfare. The competencies comprise foundation-level skills identified as needed by all child welfare workers, regardless of their job requirements or placement in the agency. The curriculum combines discussions, experiential exercises, presentations, group interaction, assignments, and introspection. In addition, transfer of learning activities have been incorporated in order to give learners the opportunity to practice skills and apply concepts to real case examples from their agencies. The following is an outline of the four weeks of Pre-service Training:

Week One: Foundations of Child Welfare

Day 1

The first day of Pre-service Training provides an overview of the program, introduces the NCDSS mission and Children’s Services mission, vision, and values, and explains the structure of the county administered, state supervised system. Day one includes creating an open and friendly learning environment, exploring trainees’ awareness of what they bring to their new role as child welfare workers, and explaining the code of ethics and values for the social work profession.

Day 2

The purpose of day two is to provide a framework for the field of child welfare by presenting an overview of the history of child welfare policy, philosophy and law, as well as explaining the role and purpose of various job functions within the child welfare system in NC and the role of others and the community in child protection. The philosophy and values of family-centered practice are also introduced.

Day 3

The focus of day three is on presenting the information that is needed to apply the federal and state laws, rules, policies, procedures and standards to cases of child maltreatment. In addition, trainees are given basic information regarding “normal” child development and how to recognize the physical and behavioral indicators of child maltreatment.

Day 4

Day four examines the causes and effects of child neglect, the family dynamics of child maltreatment, and the behavioral and emotional indicators of child sexual abuse. Participants are also introduced to the concept of cultural competency and begin to develop an awareness of the importance of identifying and working through potential barriers created by cultural differences. Through an experiential exercise, participants recognize the impact of imposing their values on families in need of services, and the importance of recognizing and respecting family's values.

Week II: Family Assessment

Day 5

Day five is primarily devoted to the social work interview. Included are explanations of the nature and purpose of the social work interview, interview standards, the structure of the interview, and interview methods and strategies. A systems view of resistance is examined, and participants are given the opportunity to practice interviewing strategies and giving and receiving feedback. Lastly, interviewing techniques for use with children or persons who cannot communicate verbally are described and practiced.

Day 6

Day six examines the family assessment and decision-making processes in child welfare. Included is a valuable discussion of the dual roles of the child welfare worker to protect children from maltreatment and provide services that preserve and empower families. Participants will learn to conduct a comprehensive functional assessment using the SEEMAP model criteria, how to apply a strengths-based approach, and the factors to consider in making decisions. Structured Decision-Making and the tools for documentation of safety, risk, and family strengths and needs are introduced.

Day 7

Day seven is focused on assessing safety and risk to children. Participants learn the differences between safety and risk assessments and how to identify the factors that impact a child's safety and place them at risk of future harm. In addition, the roles of intake services and investigative assessment are explored in detail.

Day 8

Day eight is a continuation of the investigative assessment process. Participants learn how to properly document safety using the NC Safety Assessment tool and how to continue the ongoing functional assessment of a family. Also addressed are the factors in an investigative assessment, including the Safety Assessment, Risk Assessment, Strengths and Needs Assessment, and the four critical questions that lead to making a case decision. Finally, participants learn strategies utilized in informing families of the case decision and have the

opportunity to practice a conversation with a family about the results of a risk assessment process.

Week III: Transfer of Learning Week

Participants return to their agencies and participate in activities to assist in the transfer of learning. It is suggested that participants shadow experienced staff, observe interviews in different program areas, review agency records and participate in other activities.

Week IV: Family Change Process

Day 9

The focus of day nine is on the case planning and case management function in child welfare services. In addition to learning the role of the case planner/case manager and the case planning/management standards, trainees will learn the steps in the planning process and the importance of planning versus reacting. Participants will also examine the family services case plan forms, learn the various permanent plan options, and understand the need for concurrent case planning. Mutual case planning with the family is stressed and several skills practice exercises are included.

Day 10

Day ten examines the function of child placement services. Topics covered include the role of the placement worker, placement policy, standards, and law, how to form alliances with the family and other significant persons involved in obtaining permanence for a child, placement strategies that can minimize the degree of trauma experienced by the child and family during the placement process, how to document placement information on Family Services Case Plans Part B: Case Plan, and D: Independent Living, and visitation.

Day 11

The topics of day eleven include the monitoring and reassessment process and the various options for permanence for children. Trainees learn how to monitor and reevaluate the Service Agreement, how to deal with relapse and motivation, practice completing the results section of the Case Plan Part A, the Service Agreement/ AA, the Plan for Permanence, the Risk Reassessment Tool, the Strengths/Needs Assessment, Part C, Case Review, and the Family Reunification Assessment Tool, as well as the steps of the reunification process, the purpose and grounds for the termination of parental rights, and begin to examine the practice of adoption in child welfare services.

Day 12

Day twelve begins with the continuation of the topic of adoption services. Trainees also learn the purpose and importance of proper case documentation, the various types of information that should be documented, how to determine

when a case should be closed and techniques for decreasing the risk of the family's recidivism. Finally, participants are taught techniques for taking care of their personal safety.

Orientation Activities

Trainees should, whenever possible, complete a number of tasks prior to attending Pre-service training. These activities create the worker's readiness to learn by fully acquainting him/her with the nature and scope of the job. Additionally, it is imperative that agency administrators and supervisors convey the importance of training to job effectiveness and give their support for attending training. This will assist the trainee in making a commitment to learning as a part of his/her growth and development. Following are the suggested orientation activities:

- ◆ Pre-training conference between supervisor and trainee

The supervisor and trainee should review the content overview of Pre-service training and discuss specific ways in which the training will help the worker on his/her job. A plan and time line should be made for how and when the worker will complete the required elements of the training (including the transfer of learning activities). In addition, supervisors need to plan for how "emergencies" and regular job responsibilities will be handled during this timeframe.

- ◆ Review computer-based training modules

Trainees should be required to view the computer-based training modules, Orientation to the NC Social Service System and Customer Service Excellence, available via CD-ROM or downloaded from the Children's Services website:

<http://www.dhhs.state.nc.us/dss/childrensservices/training/cbt.htm>

Transfer of Learning Week Activities

Upon completion of the first two weeks of training, trainees will return to their agencies for the Transfer of Learning Week. During this time, the worker will complete a series of activities that promote transfer of newly learned knowledge and skills to the job setting, helping the worker to apply and practice them. These activities must be completed in order for the participant to fulfill the requirements of Pre-service training. This manual includes a copy of the instruction letter that participants receive with the packet of activities, the activities themselves, as well as instructions for supervisors so that they may provide the appropriate guidance to new workers.

Because the activities include shadowing experienced workers, contacting community agencies, reviewing case records, and reviewing the NC Juvenile Code and the Family Services Manual Volume I, it will be important that the supervisor assist the trainee in accessing these resources. In addition, a number of the activities include relevant readings. Supervisors should review the articles and case examples prior to discussing them with their workers.



North Carolina Department of Health and Human Services Division of Social Services

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Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Pheon E. Beal, Director
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Dear Pre-service Training Participant:

The Children's Services Statewide Training Partnership has embarked upon a comprehensive initiative to incorporate transfer of learning strategies throughout the *Child Welfare in North Carolina* Pre-service Curriculum. This is the result of a growing awareness by program managers, supervisors, workers, and training professionals that learning obtained from training must be transferrable to the job setting. The attached activities were designed to give you the opportunity to practice skills and apply concepts to real case examples from your agency. Given the fact that you will make daily decisions that have serious implications for children and their families, this transfer of learning can help assure that you acquire and maintain these skills early in your employment. Additionally, you will have the opportunity to assess your own learning and readiness for assuming your new role as a child welfare worker.

Attached is a series of activities that you must complete following the first two weeks of Pre-service training. These activities were designed to help you apply, practice, and master the skills taught in the first eight days of training. You will notice that a number of experiential strategies have been used to promote this transfer of learning, including shadowing experienced workers, reviewing relevant readings, outlining case records, applying assessment tools to case examples, and practice in using the NC General Statutes and the Family Services Manual. Your supervisor has a copy of this packet and is aware of the materials that you will need to complete the tasks. He or she should be available to assist you in obtaining these resources.

In order to fulfill the requirements of Pre-service training, you must complete the packet as outlined in this letter. You are only required to complete eight of the ten activities, but you may complete all ten if your supervisor so desires. You may choose which activities you wish to do, but please note that there are two activities that are *not* optional: Activity 9 – The Investigative Process and Activity 10 - The Ingredients of a Case Decision. Both of these activities must be included in the eight that you choose. You are expected to present the completed packet to your trainer upon return to week four of Pre-service training. The worksheets may be handwritten if legible. Please be sure that no case identifying information is included. You should also keep copies of all activities for your records.

In addition to completing this packet, you may find it useful to view the computer based training modules, Orientation to the NC Social Service System and Customer Service Excellence. Each county agency should have them via CD-ROM or downloaded from the Children's Services website:

<http://www.dhhs.state.nc.us/dss/childrensservices/training/cbt.htm>

It is our hope that this Transfer of Learning process will be a useful tool in preparing you for your role as a child welfare worker. Your trainer will be happy to assist you should you have any questions about the process or the activities.

Sincerely,

A handwritten signature in cursive script that reads "Rebecca B. Brigham".

Rebecca B. Brigham, MSW, LCSW
Team Leader, Staff Development Team
Children's Services

Enclosures

Instructions For The Supervisor

This activity will help the worker to become acquainted with the structure and organization of the agency, as well as begin to understand the various functions and services that the agency provides. By meeting and talking with key people, the worker will begin to think about ways in which collaboration takes place.

The supervisor should determine which staff would be the best resources for the new worker and should make the initial contacts to arrange meetings. It is important to rotate this responsibility among a network of people, thereby avoiding the commitment of an inordinate amount of time by any individual. If face-to-face meetings are not possible, an option is given for the worker to review other materials such as manuals, brochures, job descriptions, etc., in order to complete the activity. The supervisor will need to assist the worker in obtaining these materials.

Instructions For The Trainee

This activity requires you to conduct interviews with program managers, supervisors, or workers in your agency who perform the following functions and answer the three questions listed below. If a face-to-face interview is not possible, you may review other materials available in your agency such as manuals, brochures, job descriptions, etc., in order to obtain this information.

1. What is the major focus of this function?
2. How does this function relate to the responsibilities you will have (if you know what your role will be upon completion of Pre-service training)?
3. What tasks will you need to perform to ensure partnership and coordination of services between your assigned role and this one?

CPS Intake

Name and position of staff person interviewed _____

1.

2.

3.

CPS Investigations

Name and position of staff person interviewed _____

1.

2.

3.

Case Planning/Case Management

Name and position of staff person interviewed _____

1.

2.

3.

Foster Family Home Licensing

Name and position of staff person interviewed _____

1.

2.

3.

Placement

Name and position of staff person interviewed _____

1.

2.

3.

Adoptions

Name and position of staff person if interviewed _____

1.

2.

3.

Family Preservation (if applicable)

Name and position of staff person interviewed _____

1.

2.

3.

Economic Independence (Work First, Food Stamps, Energy Assistance)

Name and position of staff person interviewed _____

1.

2.

3.

Adult Protective Services

Name and position of staff person interviewed _____

1.

2.

3.

Instructions for The Supervisor

Through this activity, the worker will begin to understand that the agency that he/she works in is one of a network of community service providers that must collaborate in order to deliver child welfare services effectively. Just as in the previous activity, the supervisor should determine which agencies and staff would be the best resources for the new worker and make the initial contacts as necessary.

Instructions For The Trainee

Accompany another worker or supervisor to meet with at least one of the following community agencies or service providers and complete the checklist below. A recommended option is to attend an interagency meeting, for example, a Community Child Protection Team meeting, a Permanency Planning Team meeting, a Child and Family Services Team Meeting, an Individualized Education Plan (IEP) meeting, etc.

Circle the agency or agencies represented at the visit/meeting

Juvenile Court
Mental Health
Public Education

Law Enforcement
Health Care System
Guardian ad Litem

Other:

Date and reason for visit/meeting:

Brochures obtained:

Contact person's name/title/phone:

Topics discussed:

Potential benefits of working collaboratively for the family:

Potential barriers to working collaboratively or possible problems needs/challenges for the family in forming an alliance with this agency or agencies:

Instructions For The Supervisor

Child welfare workers make decisions that have serious implications for children and their families. These decisions are based on informed judgment, but must be made in accordance with established laws, policies, and standards. Workers must know how to access this information. This activity will assist the new worker in becoming familiar with how to research items in the NC Juvenile Code and the Family Services Manual.

The supervisor should assist the worker in obtaining the most recent versions of these materials. This activity may be a time-consuming one depending on the level of knowledge and experience of the worker. However, these materials are the foundation for information about policy and rules within the DSS system, and it is imperative that workers become acquainted with the level of detail. The supervisor should be available to answer questions if necessary.

Instructions For The Trainee

Consult the NC Juvenile Code and the Family Services Manual, Volume I, Section VIII: Child Protective Services in order to complete the following worksheets. It is important that you check with your supervisor to ensure that you have the most recent version of the manual. Record the NC General Statute number, including paragraph number and/or letter, in the first column and fill in the blanks for each statement as the example illustrates.

GENERAL STATUTE NUMBER	GENERAL STATUTE
7B-101 (1)(b)	Creates or allows to be created a <u>substantial</u> risk of <u>serious physical injury</u> to the juvenile by other than <u>accidental</u> means.
	A person who has not reached the person's _____ birthday and is not married, _____, or a member of the _____.
	When the report alleges _____, the director shall immediately, but no later than ____ hours after receipt of the report, initiate the investigation. When the report alleges _____ or _____, the director shall initiate the investigation within _____ hours following receipt of the report.

	A person responsible for a juvenile's health and welfare means a _____, _____, an _____ member of the juvenile's _____, an adult _____ entrusted with the juvenile's care, any person such as a _____ or cottage parent who has primary responsibility for supervising a juvenile's health and welfare in a _____ child care facility or residential _____ facility.... also means any person who has the responsibility for the care of a juvenile in a _____...
	In any case where custody is removed from a parent, guardian, custodian, or caretaker the court shall conduct a review hearing within _____ days from the date of the dispositional hearing...
	When in a petition a juvenile is alleged to be _____ or _____, the court shall appoint a _____ to represent the juvenile.
	A juvenile taken into temporary custody shall not be held for more than _____ hours, or for more than _____ hours if any of the _____ hours falls on a Saturday, Sunday, or legal holiday...
	Encourages, _____, or _____ of delinquent acts involving _____ committed by the _____.
	Any _____ or _____ who has cause to suspect that any juvenile is _____, _____, or _____, or has died as the result of _____, shall report the case of that juvenile to the director...
	In determining whether a juvenile is a _____ juvenile, it is relevant whether that juvenile _____ where another juvenile has _____ as a result of suspected _____ or _____ or lives in a home where another juvenile has been _____ to abuse or neglect by an _____ who regularly lives in the home.

Determine if the following statements are true or false. If false, change the statement to make it true.

1. _____ No privilege shall be grounds for any person or institution failing to report that a juvenile may have been abused, neglected, or dependent, except if the knowledge or suspicion is acquired in an official professional capacity....

2. _____ If the director finds evidence that a juvenile may have been abused, he/she shall make an immediate oral and subsequent written report of the findings to the district attorney or designee and the appropriate law enforcement agency within 48 hours after receipt of the report.

3. _____ In any case where custody is removed from a parent, guardian, custodian, or caretaker, the judge shall conduct a review hearing designated as a permanency planning hearing within six months after the date of the initial order removing custody, and the hearing may be combined, if appropriate, with a review hearing required by G.S. 7B-906.

4. _____ No juvenile can be held under a non-secure custody order for more than 12 days without a hearing on the merits or a hearing to determine the need for continued non-secure custody.

5. _____ A "Caretaker" may also be defined as any employee or volunteer of a division, institution, or school operated by the Department of Health and Human Services.

6. _____ In order to meet the required maximum timeframe for initiation of an investigative assessment, the worker must have face-to-face contact with all children living in the home.

7. _____ Within five working days after receipt of a report of abuse, neglect, or dependency, the county DSS that initially received the CPS report shall give written notice to the person making the report, unless waived or anonymous.

8. _____ Upon completion of an investigation of sexual abuse in a child care facility, written notification of the results must be made to the Child Fatality Review Team.

9. _____ The definition of abuse includes the failure to provide necessary medical care.

10. _____ Anyone who makes a report of abuse, neglect, or dependency, cooperates with the county department of social services in a protective services inquiry or investigation, or testifies in any judicial proceeding resulting from a protective services report or investigation, is immune from any civil or criminal liability that might otherwise be incurred or imposed for that action provided that the person was acting in good faith.

Instructions For The Supervisor

In this activity, the worker will have an opportunity to apply what he/she has learned about cultural competence from Pre-service Training and from Chapter VIII, Section 1440 of the Family Services Manual Volume I.

In providing guidance to workers, it is important that supervisors be knowledgeable of cultural variables and how they can affect child welfare practice. Supervisors should also read the assigned article for this activity and help workers talk openly about issues of racism and discrimination and how it has affected them personally. If supervisors acknowledge the likely presence of personal biases in a non-punitive manner, they can set a tone of self-awareness that can be revisited and reinforced.

Instructions For The Trainee

Cultural competence is a critical component of child welfare practice. In Pre-service training, you learned that regardless of your own ethnicity or background, culture is a potent force in your development and continues to influence all aspects of your life.

As a child welfare worker, you will serve families from a wide variety of ethnic, social, and class backgrounds. Failure to understand the implications of these differences may interfere with the relationship that you develop with families.

This activity provides you with an opportunity to learn about cultural differences, with a particular focus on the important part that religion can play in chosen parenting styles. Please be mindful that to overgeneralize this learning to the point of making presumptive conclusions about other members of the same culture is stereotyping.

Read the attached article, *In the Best Interest of the Child* by Lettie Lockhart and Alicia Issac, as well as Chapter VIII, Section 1440 of your Family Services Manual Volume I. Answer the following questions supporting your answers with content from Pre-service Training and the readings.

- 1. What beliefs, values and behaviors do the Sutter family hold that may be related to their cultural background?**

- 2. How do you value diversity? What factors influence your opinion of a culture?**

- 3. Which principles of family-centered practice did this worker follow? Would you have done anything differently based on the principles of family-centered practice?**

- 4. Identify the various ethnic, religious, and other special groups that are present in your county. What resources are available to meet their needs? What barriers exist in meeting their needs?**

- 5. What are some things that you plan to do to increase your cultural competence?**

In the Best Interest of the Child

Lettie L. Lockhart

Alicia R. Issac

Engagement and Presenting Problem

Linda Dixon, a Danfield County Department of Family and Children's Services foster care worker, was having a particularly difficult time working with the Sutter family. The family had been referred to Linda from the agency's child protective services unit. The family court had determined that Jeannie, the 16-year-old daughter of Reverend and Mrs. Sutter, had been a physically abused child. It was alleged that Reverend Sutter had beaten Jeannie, leaving her with several bruises and a *black eye*. The court ordered that Jeannie be placed in a foster home for a temporary period until a satisfactory plan for her care was worked out with the family.

From the beginning of the agency's involvement with the family, Reverend Sutter asserted that he had done nothing wrong. He noted that Jeannie dressed in a manner forbidden by his church and her failure to obey his rules threatened to harm his reputation and his ability to lead his congregation. Linda remembered how frustrated she had become when she first interviewed Reverend Sutter. When she inquired into the apparent abuse charges, he had made some very strong statements.

You and the Danfield County Department of Family and Children's Services need to respect my religious beliefs! What's wrong with kids today is that there aren't enough parents who discipline their kids, and the ones who do are persecuted! I have to be able to control my kids to be able to teach my congregation that it is God's law that they control their kids. It was not my intention to hurt Jeannie, but she must understand that she'll live by my rules and by God's rules. If she had just accepted my punishment and allowed me to scrub off all of her filthy makeup and wash her mouth out, she wouldn't have received those bruises or that black eye.

Reverend Sutter explained that his religious denomination was very conservative and strict. Women were forbidden to wear pants, makeup, or jewelry and were not allowed to participate in activities such as school dances, where there was "likely to be immoral behavior." He further

explained that African American families like his raised their children in a different way, sometimes correcting their children's behavior by physical punishment when necessary. Reverend Sutter indicated he would try to cooperate with Linda, although he felt that "social workers could do a better job if they understood certain cultures and allowed parents to control their children,"

Data Collection

Through interviews with the Sutter family, Linda began to put the pieces of the puzzle together. Reverend Sutter, age 42, seemed to be rigid and opinionated. His demeanor indicated that he needed to be in complete control of both his family and the other circumstances in his life. He asserted that he did not intend to make changes in his values or in how he ran his household. Mrs. Sutter was a quiet, passive woman, seemingly dominated by her husband and appearing older than her stated age of 41. She rarely spoke and, when questioned, allowed her husband to answer for her.

Reverend and Mrs. Sutter married young. She was 18 and he was 19 years old. Their five daughters were born early in their marriage and came relatively close together. Reverend Sutter entered the ministry at 22, having been groomed for this career by his father, also a minister.

The two older daughters were married and living away from home. The two younger daughters lived in the home but were somewhat invisible. They had no history of problems within the family and appeared to follow the rules established by Reverend Sutter. They attended a local elementary school and received good grades. They did not participate in school activities but were involved in youth groups established by their father's congregation. Both younger daughters seemed to care very much for Jeannie, but they voiced concern about her behavior, suggesting they just wanted Jeannie to behave, finish high school, and go away to college.

Jeannie, the middle child, appeared quiet and passive. She was a 'good student with aspirations of attending college. Attractive and articulate, she appeared popular among her peers at school. In her initial interview, she told Linda she only wanted to be a "normal teenager" and to

be accepted by her school friends. She said her father's rules about her dress and behavior made her feel "out of place." She didn't feel she was doing anything wrong when she dressed as her friends at school did.

Linda knew it was her responsibility to assist the Sutter family to work out an acceptable plan for Jeannie's care but was very concerned about working with Reverend Sutter. Linda's assessment of the situation suggested that each member of the family played an important part in the family's functioning. However, Reverend Sutter appeared to be the pivotal player, and everyone but Jeannie allowed him this position without question. He had used physical force to attempt to regain his position of authority over Jeannie. Because Jeannie failed to comply with Reverend Sutter's rules, she was identified as the family's problem.

The protective services worker was concerned about how far Reverend Sutter would go to gain control over Jeannie. This constituted the primary reason for the court ordering Jeannie's six-month foster care placement. During Jeannie's placement, the Sutters were supposed to attend a parenting class for parents of adolescents and to work with the foster care worker. Linda was assigned to work with Jeannie and her parents to help prepare for Jeannie's return to her home.

Assessment

Linda thought about her contacts with the Sutter family and about her conversations with others involved in the situation. She organized her thoughts and made a list of her observations.

1. It was clear that physical abuse had occurred in this family and that Mrs. Sutter might not be able to prevent further abuse.
2. Jeannie's parents were complying with the court order by attending the educational group for parents of adolescents.
3. Although the family was somewhat cooperative, there were several problems in the family yet to be resolved.
4. There were cultural and religious factors that influenced the child rearing, disciplinary policy, and overall functioning of the family. It would be

difficult to intervene without considering these issues.

5. Reverend Sutter felt he had done nothing wrong seemed not to want to change his attitude about Jeannie, and appeared cooperative only to satisfy the court order rather than out of genuine concern for Jeannie.
6. Jeannie continued her desire to break from the religious and family traditions of the Sutters.

Linda knew that if a successful reunion between Jeannie and her family were to be accomplished, she would have to help the Sutters resolve some of these issues. Admittedly, Linda felt discouraged. There appeared to be no middle ground between the demands of the Sutters and the desires of Jeannie.

Goal Planning

Two factors influenced Linda's thinking about how to plan realistic goals with the Sutter family. First, she recognized that Reverend Sutter was quite set in his ways and did not want to change his child rearing and discipline practices. These stemmed from a very powerful religious value system that influenced his thinking on such matters. Second, Linda realized the legal system could mandate attendance at educational meetings as well as involvement with family and children's services, but if Reverend Sutter did not wish to change, he could merely attend without really becoming involved. Linda discussed this with the family, and Reverend Sutter said that he did not want further involvement from the court. He intended to stop going to the parenting classes when the six months were finished and Jeannie was returned to her home.

Based on these factors, Linda felt three realistic goals were possible.

1. Mrs. Sutter and the children would support Jeannie during her weekend visits to the home, in hopes that Reverend Sutter would avoid resorting to physical punishment.
2. Reverend Sutter would agree to not use physical punishment on Jeannie.
3. Jeannie and her parents would begin to communicate in an attempt to reach a compromise regarding expectations for Jeannie's behavior and mode of dress.

Linda met with the Sutter family together and discussed these goals. Surprisingly, Jeannie's parents felt they could agree to the goals and stated that they would do all they could to help reunite the family. Mrs. Sutter noted that African Americans feel strongly about their abilities to take care of problems within their families, sometimes calling on members of the extended family to assist when help was needed. Linda noted this might be a possible source of support for the family, and complimented Mrs. Sutter on her sense of family solidarity. Reverend Sutter also echoed this sentiment. He also suggested that the family and children's services agency should support him in his efforts to discipline his children. Jeannie, however, continued to be adamant in her desire to be a normal teenager and in her preference for foster care if things could not be worked out at home.

Intervention

Jeannie's foster care placement was going well. She made a satisfactory adjustment and was anxious to return home for a weekend visit. Reports from the parenting class instructors were less enthusiastic. Not much had happened to help Reverend Sutter see alternatives to physical discipline. Although many group members disagreed with him, he continued to believe that children should act and dress according to their parents' wishes.

Linda met with Jeannie on a frequent basis. Much of their work together was aimed at establishing a trusting relationship in which Jeannie could talk about how she could help make things better at home. Although Jeannie came to realize that she would probably have to compromise with her father, she was reluctant to do so without some indication from her father that he would be able to compromise as well.

As Jeannie's placement was approaching its fourth month, Linda arranged for her to have a weekend visit to her home. Soon, Linda would have to prepare a report for the court on the progress the family had made on their goals, and the weekend visit seemed to be a good way to observe whether any progress could be made. On Saturday morning of the first weekend visit, Linda received a telephone call from Mrs. Sutter stating that Jeannie had run away from home and returned to the foster home. Mrs. Sutter stated that Reverend Sutter had not hit Jeannie but had ordered her to stay in her room until she changed into a dress and removed her jewelry and make-up. In a later call, Reverend Sutter

reminded Linda that he had been working on his court ordered treatment plan and had not used physical discipline on his child. He noted that at the end of six months, and after he had done all that the court had required of him, Jeannie should be returned. He felt that the court would determine there was no longer a substantial risk of child abuse and that they (her parents) were able to care for Jeannie.

Later in the day, Linda met with Reverend and Mrs. Sutter and discussed Jeannie's situation. Linda tried to explain how important it was to Jeannie to be accepted by her friends at school. She tried to discuss some of what she knew to be "normal" adolescent behavior and described how Jeannie was trying to assert her independence. Linda also explained some of the pressures Jeannie felt when she was seen as "different" from other teens at school. The Reverend Sutter seemed to understand how his rules of behavior could make Jeannie feel different and somewhat softened his usual statements about child rearing. He ended his comments by becoming introspective about Jeannie's behavior and humorously stating that Jeannie had been "sent to test [his] commitment to God." Mrs. Sutter laughed and said she certainly agreed.

Later, Linda met with Jeannie at the foster home. The following is an excerpt from their conversation.

Linda: I know you love your parents and that this has not been particularly easy for you.

Jeannie: Ms. Dixon, four months ago I was so mad at my father that I didn't care if I ever went home again. But I do miss them, I just don't understand why he can't accept me for what I am. I am not a bad person. I get embarrassed sometimes when the kids at school call my family "The Holy Rollers." But I still love them.

Linda: Have you been able to tell this to your parents?

Jeannie: No, I never get the chance; he is always yelling at me. I have often wondered what it would be like if he wasn't a preacher at the church.

Linda: So his being a preacher makes his standards difficult to follow?

Jeannie: Some of my other friends at school have fathers who are ministers, and their fathers seem much happier and are always involved in the community. My father is always worried about sin taking over someone. I know my mom misses her old friends and some of her family, but she can't be around them because they are not "saved."

Linda: I guess it's tough for both you and your mom, not being around your friends and making your own choices.

Jeannie: I don't know what I'm going to do. I don't want to turn out like my sisters or those other girls in my church. I want to go to college, be an actress, and get away from this town. I'll never leave if I become the type of person my father wants me to be.

Linda: Jeannie, I'm glad you shared this with me. I understand a good deal more about your situation now, and this can help me work with you and your parents. Perhaps you and I can talk about your own plans for the future. Soon you will be able to make your own decisions and hopefully go away to college as you want. Perhaps we could talk to a career counselor friend of mine, get some ideas for where you want to be in a couple of years. In the meantime, we have to discuss what is going to happen next. The reality is that the court may order you to go home soon. How can we make that situation better?

Jeannie: If I go home, I think I can tone down my makeup and wear smaller earrings. And I won't wear shorts or tight jeans. Now Ms. Dixon, that's about all I can do. Oh, and since I'm such an embarrassment to him, I'll go to church by myself.

Linda: I think that is a reasonable beginning compromise, Jeannie. Let's talk to your parents about that.

Linda felt encouraged about her meetings with Jeannie and the Sutters. Finally, there appeared to be some common ground between Jeannie and her parents, Linda thought the key to further progress would be opening lines of communication between Jeannie and her parents and continuing the foster care placement until a solid agreement could be reached.

Evaluation and Ending

Despite several meetings with the family further compromise not possible Linda felt her Only course of action was to recommend to the family court that Jeannie's foster care placement be extended for another six months until Jeannie and her parents could reach agreement on expectations for Jeannie and on Jeannie's future. Also, Linda thought that individual work with Mrs. Sutter might be a way to influence Reverend Sutter's opinions about expectations for Jeannie.

On the day of the court hearing, Reverend and Mrs. Sutter arrived with an attorney who

presented an eloquent argument on behalf of the Sutters. The central part of this presentation was that the state had no business taking care of an unruly child when the parents wanted to and were capable of taking care of that child. The attorney pointed out that the Sutters had satisfied every requirement of the treatment plan.

Linda presented her recommendation for an additional six-month foster care placement and gave details of her work with Jeannie and her family. Jeannie was allowed to voice her desires, which included her preference for foster care if she were not allowed to engage in what she considered "normal" behavior.

The family court judge noted that the Sutters had, in her opinion, satisfied the "letter of the law" in regard to the court's orders. However, the judge felt that Reverend Sutter needed to rethink his discipline practices. After some deliberation, the judge ordered that Jeannie be returned to the Sutter home and that the family remain under the supervision of the county family and children's services for an additional six-month period. The judge ordered that another report be submitted at the end of that period.

Two days later, Linda received a call from Mrs. Sutter reporting that Jeannie had not returned from school as told. She suspected that Jeannie was at a school football game. Jeannie was already on restriction since her return home, and Mrs. Sutter was worried about what might happen as a result of this latest incident. Linda and Mrs. Sutter spoke at length, attempting to arrive at a solution to the problem. Mrs. Sutter agreed to meet alone with Linda that afternoon to try to work in Jeannie's best interest.

Readings

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Gordon, T. A. (1978). The black adolescent. In L. E. Gary (Ed.), *Mental health: A challenge to the black community* (pp. 114-133). Philadelphia, PA: Dorrance.

Proctor, E. K., . Davis, L. E. (1996). The challenge of racial difference: Skills for clinical practice. In P. L. Ewalt, E. M. Freeman, S. A. Kirk, . D. L. Poole (Eds.), *Multicultural issues in social work* (pp. 97 . 116). Washington, DC: NASW Press.

Instructions For The Supervisor

Pre-service training highlights and explains the high correlation between child maltreatment and developmental delay or disability. With a thorough knowledge of normal developmental milestones, the worker can use information from the assessment to design interventions to promote remedial development. This activity provides trainees with an opportunity to assess of a child's development.

The supervisor's role in this activity has several components. First, the supervisor should promote developmental intervention as a child welfare services intervention. Second, the supervisor should be available to new workers to discuss potential problems with children's development and how these may be indicators of abuse and/or neglect. Finally, a child with developmental problems or disabilities often needs services from several service systems. To assure proper case management, the worker must have access to an array of community services and must know how to refer children to these programs. Supervisors should assist the new worker to identify the best community resources for assessment and for service delivery.

Instructions For The Trainee

Child welfare workers need to know what are considered "normal" development stages so that they can ascertain when a child is on target or is not making a healthy progression to subsequent stages of development. When a child's behavior is not age appropriate, he or she may be experiencing regression, which could be a red flag to possible maltreatment. Workers also have to be able to educate parents, especially when there are concerns about unrealistic expectations regarding the child's behavior. Finally, workers must conduct interviews with children that are appropriate to their developmental stage.

To complete this activity, accompany a worker on a visit in which he/she interviews a child or adolescent. Complete the table below, keeping in mind what you learned in Pre-service training about normal child development and the physical, emotional, and behavioral indicators of abuse and neglect.

Child's age _____

<u>What are the “normal” developmental tasks and milestones for this age group?</u>	<u>What did you observe in this child in terms of their physical, cognitive, social, & emotional development?</u>	<u>Comparing the other two columns, what (if any) physical, emotional, and behavioral indicators of abuse and/or neglect were present in this child?</u>

Instructions For The Supervisor

In this activity, workers will read an excerpt of an article that will help them understand some of the issues facing professionals who work in the field of child sexual abuse, as well as give them a general overview of the definitions, scope, and effects of child sexual abuse.

It is important to note that workers may have a strong emotional reaction to what they see and read, and supervisors should be available to discuss these feelings. In order to provide guidance to workers, supervisors should read the article included in the activity and think about their responses to the questions would be.

The investigation and management of child sexual abuse involves the highly specialized application of complex skills that new workers do not generally have. It is recommended that workers who are given the responsibility for child sexual abuse cases attend the 300-level course, "Introduction to Child Sexual Abuse", which builds upon what is learned in Pre-service training.

Instructions For The Trainee

In Pre-service training you were introduced to the individual, family, developmental, situational, and environmental factors that contribute to sexual abuse, as well as how to evaluate these factors. This activity is designed to give you the opportunity to take this learning one step further by reading an article that will help you examine some of the issues facing people who work in the field of child sexual abuse.

Read the attached excerpt from the publication, *Child Sexual Abuse: Intervention and Treatment Issues*, by Kathleen Coulborn Faller and answer the following questions.

- 1. What are some strategies for minimizing the trauma of a sexual abuse investigation?**

- Child Welfare in North Carolina
Transfer of Learning Supervisor's Instruction Manual
10/16/02*

WORKING IN THE FIELD OF CHILD SEXUAL ABUSE

Emotional reactions to child sexual abuse* are to be expected and are normal. However, it is important to recognize them and to prevent them from impairing our professional judgment or interfering with our role performance. This chapter examines the following issues: universal emotional reactions to child sexual abuse, the impact of the professional's gender, the role of socioeconomic and professional status, the effect of personal experiences, and coping with personal issues. In addition, this chapter describes how to incorporate a victimcentered approach into our work when there are competing case concerns.

THE PROFESSIONAL AS A PERSON

Despite education and training, which specifies how to perform our professional roles, each of us has personal reactions to our work. Child sexual abuse probably arouses more personal reactions than many of the problems we encounter. Although these may become less intense over time, they do not disappear. Nevertheless, they should not be regarded as a sign of inadequate role performance. After all, if we had no emotional reaction to the plight of a sexually abused child or a father facing a life sentence in prison, something would be wrong with us.

Universal Emotional Reactions

Initially, the enormity of sexual abuse is likely to engender one of two opposing responses--disbelief or belief accompanied by an intense desire for retribution. Such responses can cloud the most important issues- concern for the child and the child's safety.

Disbelief has a lengthy history. When Freud proposed that the etiology of the hysteria he was treating in middle class Viennese women was to be found in childhood experiences of sexual abuse, his theory was roundly rejected as preposterous by his colleagues. Ultimately he retracted this theory because he simply could not believe that so many and such worthy men could have committed incest. The theory he proposed instead was one that put responsibility on the victim, who was regarded as fantasizing about having the sexual relationship with the paternal figure in question.¹²³ The implication was that the sexual relationship was desired by the child. For 50 years, professionals were comfortable with the belief that sexual abuse, particularly incest, was quite rare, and when it did occur, it quite likely was the consequence of the child's seductive behavior and was not particularly harmful.

This position could not be sustained in the 1970's. The Child Abuse Prevention and Treatment Act required that States mandate professionals to report suspected child maltreatment, including child sexual abuse, in order to qualify for specific Federal funding. The result of this provision was a dramatic increase in the number of cases of sexual abuse reported. These referrals were investigated by child protective services (CPS) caseworkers and law enforcement personnel. As a rule, a believable account of sexual abuse was assumed to be true, and reports of sexual abuse were substantiated at approximately the same rate as other types of child maltreatment.

However, very soon, new doubts emerged in what is now called the "backlash." Claims are being made-by those accused, their lawyers, and a small number of professionals who serve as experts on their behalf-that many accusations of sexual abuse are untrue. Although research indicates that false allegations are rare,⁸ the credibility and integrity of children and the competence of professionals who believe them are being challenged. More problematic is the fact that the backlash gains its strength from well-meaning professionals and lay persons who have a great deal of difficulty believing that an adult could sexually abuse a child. In addition, among those individuals who acknowledge the possibility, there is the strong tendency to minimize its traumatic impact on the victim.

The tendency to disbelieve is reinforced by the troubling emotional reactions that many people have if they conclude that in fact the child has been sexually abused-a sense of anger or rage at the offender. Professionals may believe that the offender should be jailed or that emasculation is suitable punishment. On the other hand, often professionals experience anger and helplessness when a disbelieving family court judge gives custody of a child to an alleged offender or criminal prosecution is unsuccessful.

The rather universal tendencies to want to explain away or minimize the sexual abuse or to desire "a pound of flesh" are also reflected in reactions specific to gender, to socioeconomic and professional status, and to personal experiences, which are described below.

Sexual abuse in this manual refers generally to sexual acts involving a child and a person who is significantly older, usually an adult. However, the discussion in this manual focuses primarily on guardian, or person responsible for the child's welfare (see, Child Abuse Prevention and Treatment Act).

The Impact of Gender

The gender of the professional is likely to influence reactions to cases of child sexual abuse. The major issue is gender identification. The impact of gender identification is complex and varied. At a specific level, it causes the professional to see a person of the same sex, whether offender, victim, or mother of victim, as "like me." At a more general level, the professional may regard the behavior or circumstance of a person of the same sex as reflecting upon not only the professional, her/himself, but also upon others of the same sex. Gender identification can result in either greater empathy or greater rejection of the person of the same sex. On the other hand, the fact that the child, alleged offender, or mother is of the opposite sex may render the professional relatively impervious to the plight of that person.

When confronted with an accused man, a male professional may be more concerned about the impact of an allegation on the man and may have greater difficulty believing the allegation than a female professional. As well, a male professional might be either more understanding of a male offender because he appreciates gender-related temptations or more censorious because the violation of the taboo reflects on all men. A female professional may give much less thought to the circumstance of the accused man and concentrate on the females (i.e., the girl victim and her mother) and their circumstances.

In one possible scenario, a female professional may be more disbelieving of accusations against women than a male professional because, as a woman, she cannot imagine doing such a thing. However, when she concludes, for example, that a mother has sexually abused her children, she may be especially enraged because of her personal experience as a mother. Similarly, a female professional may have more empathy for the mother of a victim having to choose between her child and her husband, because she is or has been in a comparably dependent position with a man. Alternatively, she may perceive the woman who sides with her husband as a "traitor to her sex."

Both male and female professionals have empathy for victims. However, it is possible that gender identification causes each to be more sensitive when the victim is of his/her gender. This may be particularly true for male professionals when boys are victims, since there is less knowledge about the impact on boys, and boy victims are less likely to share their feelings.⁹ A male professional, because of his experience of having been a boy, may better appreciate the boy victim's trauma or, alternatively, have more difficulty accepting the boy's vulnerability to victimization.

Finally, professional reactions to sexual abuse may differ by gender because men and women experience living in society differently. That is, although men may not condone their position, they are generally dominant. Women are generally in the subservient position and are probably, as professionals, more appreciative than men of the relationship of sexual abuse to general male dominance in society.

The Impact of Socioeconomic and Professional Status

Professionals need to be aware that they may react differently to cases involving middle to upper class individuals and cases involving the poor. Moreover, situations in which the accused is in a sensitive profession may evoke personal reactions that make it especially difficult to maintain professional distance and act without bias. As with gender, the issue of identification and consequent disbelief may play an important role.

Most professionals working in sexual abuse identify themselves as middle class; thus, they may be more aware of the impact on a middle class person of being accused or found guilty of a sex offense. Class bias is reflected in a commonly held assumption that the trauma of being accused or getting caught is greater for someone who has had an economically successful life and a promising future. In addition, professionals may have more difficulty believing abuse of a middle class person because the accused is "like us."

Likewise, the middle or upper class person may seem less likely to be a sex offender because he/she functions well enough in other aspects of living to sustain class status and may deny more convincingly than someone who is poor and undereducated.

Moreover, the affluent accused who are denying are able to mobilize more resources on their behalf than poor people. They can afford competent lawyers and will have funds to hire mental health experts for their defense. They may enlist the assistance of professionals they know personally and professionally. They may have greater capacity to enlist family, including the wife or husband and others, who are financial dependents to support their claims of innocence.

Adding to the difficulty of impartial intervention, an economic argument may be made. It is that cases involving middle and upper class male offenders should be handled differently because, if the offender is arrested or tried, he will lose his job and not be able to

support his family. If convicted, he won't be able to practice his profession any more. If he is incarcerated, he won't be able to pay his bills.

In addition, as professionals, we often experience pressure from the accused's advocates as well as from other professionals, including our superiors, to moderate our intervention when the alleged offender has means or is prominent in the community. Such experiences exacerbate existing ambivalence regarding our professional roles.

The most problematic cases are ones in which the alleged offender works with children or is a member of one of the professions that play a role in sexual abuse intervention—a health care professional, a lawyer, a judge, a law enforcement officer, a mental health practitioner, a day care provider, or a teacher. As professionals, we must be involved in the reporting, investigation, treatment, or prosecution of one of "our own." The psychological and pragmatic need to deny or to minimize the wrongdoing of one of "us" may be especially strong. When faced with the knowledge of the sexual abuse, our ability to respond on a solely professional basis may fail.

Moreover, the stakes are extremely high because the accused professional almost certainly will not be able to continue to practice if found guilty. He/she knows this and therefore is very unlikely to admit to the sexual abuse or seek treatment. Because we as professionals can very easily imagine what it would be like to have our livelihood and well-being so jeopardized, we may become immobilized by denial or may perform our duty with great agony. Such responses reflect our overidentification professionally with the accused.

The Impact of Personal Experiences

Many life experiences can intrude upon professional practice, and working in sexual abuse can intrude upon a professional's personal life. Three personal issues that seem particularly salient are discussed below: having been sexually victimized, being a parent, and sexuality.

Sexual Victimization

A professional who has been sexually abused her/himself or who is part of a family in which there has been sexual abuse must cope with this personal issue as well as with the other stresses of work with sexual abuse. It is both infeasible and inappropriate to consider excluding such persons from working in this area. First, an estimated one-fourth to one-third of women are sexually victimized as children.^{10 1112} The current estimates for men are lower, around 10 per cent.¹³ However, the majority of professionals who work in the field of sexual abuse are women. Second, persons who have sexual victimization in their background bring a special sensitivity and experience that can be of great value in their work. There is no research on professional motivation to work in sexual abuse. However, based on knowledge of what in general draws persons to help others, it is safe to assume that for a fair proportion of professionals, it has to do with some direct or personal knowledge about the problem.

Nevertheless, professionals who have personal experiences of sexual abuse need to have addressed these in therapy, be especially aware of countertransference issues, and be alert to the importance of protecting their own mental health.

Warning signs that the professional's own victimization is impeding performance include feeling so overwhelmed by fear, anxiety, disgust, or anger that the victimization interferes with sound decision making or intervention or evokes the strong desire for retribution; experiencing intrusive thoughts or having flashbacks at work; recalling previously repressed memories of victimization when involved in cases of sexual abuse; and displaying overly punitive responses to the nonoffending parent or offender. These signs certainly indicate the need for additional, skilled treatment and clinical supervision, but they should not automatically lead to a conclusion that the professional must cease her/his work in the field.

Being a Parent

The experience of parenthood can impact on one's reaction to a case of sexual abuse, and working with sexual abuse can influence parenting.

Parenthood can make the professional more appreciative of the risks as well as more appalled at the transgressions of the parenting role. Parents are confronted with many situations in which the child's behavior (e.g., wanting to sleep in the bed between the parents) and parenting responsibilities (the need to assist the child in bathing, toileting, and understanding differences between male and female anatomy) can present risks for sexual activity.

Sometimes, professionals who are parents are less willing to label client behaviors as sexually inappropriate because of their overidentification with the client as another parent. For example, a professional who is a father may minimize genital contact between an alleged offending father and his daughter, accepting the explanation that the daughter was being helped to learn about "wiping herself."

Conversely, certain biological drives and normative proscriptions inhibit sexual activity with children for parents. Because of these personal experiences, parents may be more censorious than nonparents when these boundaries are crossed.

In terms of work influencing parenting, a common impact of professional involvement with sexual abuse is for the parent to become quite concerned about the risk of his/her own child being sexually abused. Parents may become suspicious of family members, babysitters, friends of the family, neighbors, day care providers, and school personnel. Parents may also be hyperalert to behavioral and physical indicators, such as urinary tract infections, masturbation, enuresis, and sleep disturbances. Generally, vigilance about a child's contacts with others and concern about symptoms are positive parental responses. However, they should result in a considered investigation of suspicions, rather than an immediate conclusion that something terrible has happened.

Sexuality

Being familiar and comfortable with all aspects of sexuality is essential in working in the field of child sexual abuse. For the professional, this means being able to talk freely about all types of sexual issues.

Professional involvement with cases of sexual abuse very frequently has an impact on personal sexuality. There are at least three ways in which this occurs. First, when the professional engages in sexual activity, recollection of the sexual acts in a recent case may intrude into the sexual experience. Generally this has an inhibitory effect, that is, images of sexual activity or the particular sexual acts of the case diminish desire. However, a more troubling reaction is one in which the recollections stimulate arousal. They may become the stimulus for masturbatory activity or fantasies during sexual activity with a partner. When this happens, the professional should seek counseling.

Second, professional involvement in cases of sexual abuse may raise concerns about the professional's own sexual role performance. For example, men may wonder if they are subtly coercing or manipulating their partners. Women may become concerned that their compliance with sexual activity is not entirely voluntary, or they may worry that they are using sexual favors as a way of controlling their partners.

Third, professionals may have sexual reactions to their clients. Such reactions may be of attraction or disgust. In either case, professionals must be sensitive to these feelings and not let them influence professional responses.

Coping With Personal Issues

Dealing With Personal Feelings in Professional Practice

The best way to prevent personal reactions from undermining the quality of professional work is to be aware of their existence. In fact, the reason for describing possible sources of personal reactions and typical emotions is to encourage reflection by the reader. For many professionals, self-talk, in which the professional reminds him/herself of personal biases and reactions, should be undertaken regularly.

Second, as much as possible, the professional's intervention should be guided by practice principles, policies, guidelines, and research. For example, most communities have protocols for CPS and law enforcement collaboration. Similarly, there are practice guidelines for when to remove a sexually abused child from the home. Additionally, research on offender recidivism can assist a judge in sentencing. Nevertheless, despite the existence of these aids, because knowledge about sexual abuse is incomplete, there will be many situations in which the professional has to use his/her judgment. Sometimes, protocols and other guides actually interfere with gathering evidence or "proving" a case, engendering feelings of frustration and anger toward the system. In such instances, it is important for professionals to be able to process their feelings.

Avoiding Burnout

There is no denying that work in the field of sexual abuse is extremely stressful and may lead to burnout. There are four characteristics of cases that make the work potentially debilitating. First, the acts themselves are terrible and terribly harmful. Sexual abuse violates fundamental social norms, and the lives of some victims dramatically attest to its devastating effects. Second, cases are fraught with

uncertainty. In many instances, it is not possible to determine whether the abuse occurred. Likewise, it is very difficult to determine the risk of future sexual abuse. Third, often as professionals, we do harm while attempting to do good. Victims are sometimes retraumatized by repeated interviews, intrusive medical exams, court testimony, and separation from their families. Fourth, often we are unsuccessful. Victims are not made safe, and offenders may not be prosecuted or held accountable for their actions.

Negative experiences working in the field of sexual abuse can result in frustration, rage, a sense of helplessness, and then giving up. A process of burnout eventually leads to insensitivity toward clients and disengagement in the helping relationship. Burnout is harmful for clients and professionals alike.

The best preventive measure and remedy for burnout is collaborative work. This can mean working with a partner, for example, as police officers often do. Having adequate supervision as a mental health professional is another way of working collaboratively. Sharing the treatment of an incestuous family with a colleague can prevent the sense of isolation and overwhelming responsibility that leads to burnout. Consulting with a more experienced person either within one's own agency or outside can be helpful in all professions. Interdisciplinary collaboration is also quite helpful—teams of CPS caseworkers and police or lawyers and mental health experts can enhance the quality of work as well as alleviate stress. Finally, working as part of a multidisciplinary team, which includes the range of professionals involved in child sexual abuse cases, is the most desirable way of handling these cases. Teamwork minimizes some of the problems that lead to burnout (e.g., the dilemma of uncertainty regarding whether the child was sexually abused, iatrogenic effects of intervention, and unsuccessful intervention). In addition, teamwork allows an opportunity for sharing the pain and distress that many cases cause professionals.

A VICTIM-CENTERED APPROACH

Professionals often feel pulled in several directions in their work on child sexual abuse cases. Although most professionals want to help the victim, potentially competing concerns include the feeling that sex offenders should be punished, a concern that the offender may be dangerous to others, a belief that sexual abuse is a mental health problem, a concern about the impact of disclosure upon the mother, a belief that the mother is partly responsible for the abuse, an awareness of the effect of sexual abuse and intervention on nonvictim siblings, and a feeling that everyone in the family needs help.

Taking a victim-centered approach is a way of dealing with conflicting goals in sexual abuse intervention. A victim-centered approach is one in which considerations of what is in the victim's best interest override competing concerns.

What is in the victim's best interest? That may vary depending on the case, and it may not always be easily discernible. Ascertaining the victim's best interest usually begins by finding out what the victim wants to happen, the older the child the more weight given to the victim's wishes. Does she want to be removed from the home or have the offender removed? Does she want the offender to be prosecuted or to get some help? Of course, there are times when what the victim wants is not in her best interest, because it risks her safety or psychological well-being. In such cases, the child's best interest should be pursued, but with a developmentally appropriate explanation to the child about why her wishes cannot be granted.

The Potential Iatrogenic Effects of Intervention

For some time professionals have been concerned with iatrogenic or system-induced trauma. One of the reasons that pursuit of the victim's best interest is so important is that a fundamental trauma resulting from sexual abuse is a sense of powerlessness. The victim's body is used by the offender for his gratification; the child is psychologically intimidated by the offender into cooperation with the sexual activity; and the child may be compelled by the offender to keep the sexual abuse a secret. Additionally, out of concern for the impact of disclosure on the family, the victim may feel forced not to disclose or that the consequences of disclosure may be worse than the abuse itself.

The complaint of many victims is that when the sexual abuse is discovered, things get worse rather than better because their lives continue to be controlled by others, and they experience all sorts of additional traumas. These may be repeated, insensitive, and humiliating interviews; a frightening medical exam; a confrontation involving the perpetrator or the victim's family; an unpleasant placement experience; treatment that the child finds unhelpful or traumatic; and court testimony. Often the most problematic aspects of intervention are not knowing what is going to happen and having no say in decisions. It is important that the intervention not exacerbate the child's sense of powerlessness.

Strategies for Minimizing the Trauma of Investigation

There are some fairly universally accepted strategies for diminishing the trauma of investigations of child sexual abuse. The interview process can be made less problematic. First, the number of interviews can be minimized, either by videotaping investigative interviews, having professionals who need to hear the child's account behind a one-way mirror, or having more than one professional in the room, usually with one asking the questions.

Second, the use of a skilled and sensitive interviewer can minimize the negative effect of disclosure and even make it a cathartic or empowering experience. Third, allowing a support person to be with the child during part or all of the interview can diminish its traumatic impact. Fourth, conducting the interview in a facility that is private and designed to create comfort can be helpful. The potentially iatrogenic effects of the medical exam can be decreased by obtaining the child's consent to the exam and by using a skilled and sensitive health professional.

That person explains that the purpose of the exam is to ensure that the child is "ok;" usually does a complete physical, not just a genital exam, and both informs the child, at each step of the exam, what will happen next and allows the child some control over the process. If the child is resistant to the exam, even when properly undertaken, then serious consideration should be given to not doing it. If it is deemed medically necessary, it might be rescheduled, when the child is less upset, or it might be done under anesthesia.

Children should not be subjected to polygraph exams during the course of investigation. Subjecting children to polygraphs gives the message that they are not to be believed and must "prove" themselves. The efficacy of polygraphs has not even been established for adults, let alone for children. ¹⁴

Strategies for Ensuring That Intervention Is in the Victim's Best Interest

When an investigation substantiates child sexual abuse, professionals must decide what to do. Basic issues for the child are safety and rehabilitation. In addition, decisions about the use of the courts to protect the child and to prosecute the offender impinge heavily on the child's well-being. Related to these issues are questions about family separation. Does the family remain intact, does the offender leave, or is the child removed? Professionals agree that it is preferable to remove incest offenders from the home. However, there are cases in which, to protect the child, to prevent her/his psychological abuse, or to relieve the victim of the experience of family turmoil, the child needs to be placed outside the family. If the family has been separated, the question of family reunification has to be addressed.

There are two basic strategies that can enhance the probability that case decisions will be made in the child's best interest. The first has already been mentioned: the child should be asked what she/he wants. Second, case decisions should be preceded by a careful assessment and should be made in consultation with a multidisciplinary team, whenever feasible.

DEFINITIONS, SCOPE, AND EFFECTS OF CHILD SEXUAL ABUSE

DEFINITIONS

Most professionals are fairly certain they know what child sexual abuse is, and there is a fair amount of agreement about this. For example, today very few people would question the inclusion of sexual acts that do not involve penetration. Despite this level of consensus, it is important to define what sexual abuse is because there are variations in definitions across professional disciplines.

Child sexual abuse can be defined from legal and clinical perspectives. Both are important for appropriate and effective intervention. There is considerable overlap between these two types of definitions.

Statutory Definitions (Please see the Family Services Manual, Section VIII for N.C. General Statutes and Definitions)

There are two types of statutes in which definitions of sexual abuse can be found—child protection (civil) and criminal.

The purposes of these laws differ. Child protection statutes are concerned with sexual abuse as a condition from which children need to be protected. Thus, these laws include child sexual abuse as one of the forms of maltreatment that must be reported by designated professionals and investigated by child protection agencies. Courts may remove children from their homes in order to protect them from sexual abuse. Generally, child protection statutes apply only to situations in which offenders are the children's caretakers.

Criminal statutes prohibit certain sexual acts and specify the penalties. Generally, these laws include child sexual abuse as one of several sex crimes. Criminal statutes prohibit sex with a child, regardless of the adult's relationship to the child, although incest may be dealt with in a separate statute.

Definitions in child protection statutes are quite brief and often refer to State criminal laws for more elaborate definitions. In contrast, criminal statutes are frequently quite lengthy.

Child Protection Definitions

The Federal definition of child maltreatment is included in the Child Abuse Prevention and Treatment Act. Sexual abuse and exploitation is a subcategory of child abuse and neglect. The statute does not apply the maximum age of 18 for other types of maltreatment, but rather indicates that the age limit in the State law shall apply. Sexual abuse is further defined to include:

"(A) the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or

(B) the rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children;...

In order for States to qualify for funds allocated by the Federal Government, they must have child protection systems that meet certain criteria, including a definition of child maltreatment specifying sexual abuse.

Criminal Definitions

With the exception of situations involving Native American children, crimes committed on Federal property, interstate transport of minors for sexual purposes, and the shipment or possession of child pornography, State criminal statutes regulate child sexual abuse. Generally, the definitions of sexual abuse found in criminal statutes are very detailed. The penalties vary depending on:

- ◆ the age of the child, crimes against younger children being regarded as worse;
- ◆ the level of force, force making the crime more severe;

- ◆ the relationship between victim and offender, an act against a relative or household member being considered more serious; and
- ◆ the type of sexual act, acts of penetration receiving longer sentences.

Often types of sexual abuse are classified in terms of their degree (of severity), first degree being the most serious and fourth degree the least, and class (of felony), a class A felony being more serious than a class B or C, etc.

Clinical Definitions

Although clinical definitions of sexual abuse are related to statutes, the guiding principle is whether the encounter has a traumatic impact on the child. Not all sexual encounters experienced by children do. Traumatic impact is generally affected by the meaning of the act(s) to the child, which may change as the child progresses through developmental stages. The sexual abuse may not be "traumatic" but still leave the child with cognitive distortions or problematic beliefs; that is, it is "ok" to touch others because it feels good.

Differentiating Abusive From Nonabusive Sexual Acts

There are three factors that are useful in clinically differentiating abusive from nonabusive acts-power differential; knowledge differential; and gratification differential.

These three factors are likely to be inter-related. However, the presence of any one of these factors should raise concerns that the sexual encounter was abusive.

Power differential. The existence of a power differential implies that one party (the offender) controls the other (the victim) and that the sexual encounter is not mutually conceived and undertaken. Power can derive from the role relationship between offender and victim. For example, if the offender is the victim's father, the victim will usually feel obligated to do as the offender says. Similarly, persons in authority positions, such as a teacher, minister, or Boy Scout leader, are in roles that connote power. Thus, sexual activities between these individuals and their charges are abusive.

? Power can also derive from the larger size or more advanced capability of the offender, in which case the victim may be manipulated, physically intimidated, or forced to comply with the sexual activity. Power may also arise out of the offender's superior capability to psychologically manipulate the victim (which in turn may be related to the offender's role or superior size). The offender may bribe, cajole, or trick the victim into cooperation.

Knowledge differential. The act is considered abusive when one party (the offender) has a more sophisticated understanding of the significance and implications of the sexual encounter. Knowledge differential implies that the offender is either older, more, developmentally advanced, or more intelligent than the victim.

Gratification differential. Finally, in most but not all sexual victimization, the offender is attempting to sexually gratify him/herself. The goal of the encounter is not mutual sexual gratification, although perpetrators may attempt to arouse their victims because such a situation is arousing to them. Alternatively, they may delude themselves into believing that their goal *is* to sexually satisfy their victims. Nevertheless, the primary purpose of the sexual activity is to obtain gratification for the perpetrator.

Sexual Acts

The sexual acts that *will* be described in this section are abusive clinically when the factors discussed in the previous section are present as the examples illustrate. The sexual acts *will* be listed in order of severity and intrusiveness, the least severe and intrusive being discussed first.

Noncontact acts

- ? Offender making sexual comments to the child.*

Example: A coach told a team member he had a fine body, and they should find a time to explore one another's bodies. He told the boy he has done this with other team members, and they had enjoyed it.

- ? Offender exposing intimate parts to the child, sometimes accompanied by masturbation.

Example: A grandfather required that his 6-year-old granddaughter kneel in front of him and watch while he masturbated naked.

- ? Voyeurism (peeping).

Example: A stepfather made a hole in the bathroom wall. He watched his stepdaughter when she was toileting (and instructed her to watch him).*

- ? Offender showing child pornographic materials, such as pictures, books, or movies.

Example: Mother and father had their 6- and 8-year-old daughters accompany them to viewings of adult pornographic movies at a neighbor's house.

- ? Offender induces child to undress and/or masturbate self.

Example: Neighbor paid a 13-year-old emotionally disturbed girl \$5 to undress and parade naked in front of him.

Sexual contact**

- ? Offender touching the child's intimate parts (genitals, buttocks, breasts).

Example: A father put his hand in his 4-year-old daughter's panties and fondled her vagina while the two of them watched "Sesame Street."

- ? Offender inducing the child to touch his/her intimate parts.

Example: A mother encouraged her 10-year-old son to fondle her breasts while they were in bed together.

- ? Frottage (rubbing genitals against the victim's body or clothing).

Example: A father, lying in bed, had his clothed daughter sit on him and play "ride the horse."

Digital or object penetration

- ? Offender placing finger(s) in child's vagina or anus.

Example: A father used digital penetration with his daughter to "teach" her about sex.

- ? Offender inducing child to place finger(s) in offender's vagina or anus.

Example: An adolescent boy required a 10-year-old boy to put Vaseline on his finger and insert it into the adolescent's anus as initiation into a club.

- ? Offender placing instrument in child's vagina or anus.

Example: A psychotic mother placed a candle in her daughter's vagina.

- ? Offender inducing child to place instrument in offender's vagina or anus.

Example: A babysitter had a 6-year-old boy penetrate her vaginally with a mop handle.

* When children are victims, sexual comments are usually made in person. However obscene remarks may be made on the telephone or in notes and letters.

* Activities in parentheses are not illustrative of the sexual act being defined.

** Sexual contact can be either above or beneath clothing.

Oral sex*

- ? Tongue kissing.

Example: Several children who had attended the same day care center attempted to French kiss with their parents. They said that Miss Sally taught them to do this.

- ? Breast sucking, kissing, licking, biting.

Example: A mother required her 6-year-old daughter to suck her breasts (in the course of mutual genital fondling)."

- ? Cunnilingus (licking, kissing, sucking, biting the vagina or placing the tongue in the vaginal opening).

Example: A father's girlfriend who was high on cocaine made the father's son lick her vagina as she sat on the toilet.

- ? Fellatio (licking, kissing, sucking, biting the penis).

Example: An adolescent, who had been reading pornography, told his 7-year-old cousin to close her eyes and open her mouth. She did and he put his penis in her mouth.

- ? Anilingus (licking, kissing the anal opening).

Example: A mother overheard her son and a friend referring to their camp counselor as a "butt lick." The boys affirmed that the counselor had licked the anuses of two of their friends (and engaged in other sexual acts with them).*** An investigation substantiated this account.

Penile penetration

- ? Vaginal intercourse.

Example: A 7-year-old girl was placed in foster care by her father because she was incorrigible. She was observed numerous times "humping" her stuffed animals. In therapy she revealed that her father "humped" her. There was medical evidence of vaginal penetration.

- ? Anal intercourse.

Example: Upon medical exam an 8-year-old boy was found to have evidence of chronic anal penetration. He reported that his father "put his dingdong in there" and allowed two of his friends to do likewise.

- ? Intercourse with animals.

Circumstances of Sexual Abuse

Professionals need to be aware that sexual acts with children can occur in a variety of circumstances. In this section, dyads, group sex, sex rings, sexual exploitation, and ritual abuse will be discussed. These circumstances do not necessarily represent discrete and separate phenomena.

Dyadic sexual abuse. The most common circumstance of sexual abuse is a dyadic relationship, that is, a situation involving one victim and one offender. Because dyadic sex is the prevalent mode for all kinds of sexual encounters, not merely abusive ones, it is not surprising that it is the most common.

* The offender may inflict oral sex upon the child or require the child to perform it on him/her or both.

** Activities in parentheses are not illustrative of the sexual act being defined.

*** Activities in parentheses are not illustrative of the sexual act being defined.

Group sex. Circumstances involving group sex are found as well. These may comprise several victims and a single perpetrator, several perpetrators and a single victim, or multiple victims and multiple offenders. Such configurations may be intrafamilial (e.g., in cases of polyincest) or extrafamilial. Examples of extrafamilial group victimization include some instances of sexual abuse in day care, in recreational programs, and in institutional care.

Sex rings. Children are also abused in sex rings; often this is group sex. Sex rings generally are organized by pedophiles (persons whose primary sexual orientation is to children), so that they will have ready access to children for sexual purposes and, in some instances, for profit. Victims are bribed or seduced by the pedophile into becoming part of the ring, although he may also employ existing members of the ring as recruiters. Rings vary in their sophistication from situations involving a single offender, whose only motivation is sexual gratification, to very complex rings involving multiple offenders as well as children, child pornography, and prostitution.¹⁸

Sexual exploitation of children. The use of children in pornography and for prostitution is yet another circumstance in which children may be sexually abused.

Child pornography. This is a Federal crime, and all States have laws against child pornography." Pornography may be produced by family members, acquaintances of the children, or professionals. It may be for personal use, trading, or sale on either a small or large scale. It can also be used to instruct or entice new victims or to blackmail those in the pictures. Production may be national or international, as well as local, and the sale of pornography is potentially very lucrative. Because of the availability of video equipment and Polaroid cameras, pornography is quite easy to produce and difficult to track.

- ? Child pornography can involve only one child, sometimes in lewd and lascivious poses or engaging in masturbatory behavior; of children together engaging in sexual activity; or of children and adults in sexual activity.
- ? It is important to remember that pictures that are not pornographic and are not illegally obscene can be very arousing to a pedophile. For example, an apparently innocent picture of a naked child in the bathtub or even a clothed child in a pose can be used by a pedophile for arousal.

Child prostitution. This may be undertaken by parents, other relatives, acquaintances of the child, or persons who make their living pandering children. Older children, often runaways and/or children who have been previously sexually abused, may prostitute themselves independently.

- ? Situations in which young children are prostituted are usually intrafamilial, although there are reports of child prostitution constituting one aspect of sexual abuse in some day care situations.²² Adolescent prostitution is more likely to occur in a sex ring (as mentioned above), at the hand of a pimp, in a brothel, or with the child operating independently. Boys are more likely to be independent operators, and girls are more likely to be involved in situations in which others control their contact with clients.

Ritual abuse. This is a circumstance of child sexual abuse that has only recently been identified, is only partially understood, and is quite controversial. The controversy arises out of problems in proving such cases and the difficulty some professionals have in believing in the existence of ritual abuse.²⁴

- ? As best can be determined, ritual sexual abuse is abuse that occurs in the context of a belief system that, among other tenets, involves sex with children. These belief systems are probably quite variable. Some may be highly articulated, others "half-baked." Some ritual abuse appears to involve a version of satanism that supports sex with children. However, it is often difficult to discern how much of a role ideology plays. That is, the offenders may engage in "ritual" acts because they are sadistic, because they are sexually aroused by them, or because they want to prevent disclosure, not because the acts are supported by an ideology. Because very few of these offenders confess, their motivation is virtually unknown.
- ? Often sexual abuse plays a secondary role in the victimization in ritual abuse, physical and psychological abuse dominating. The following is a nonexhaustive list of characteristics that may be present in cases of ritual abuse:
- ? costumes and robes: animal, witch's, devil's costumes; ecclesiastical robes (black, red, purple, white);
- ? ceremonies: black masses, burials, weddings, sacrifices;
- ? symbols: 666, inverted crosses, pentagrams, and inverted pentagrams;

- ? artifacts: crosses, athames (daggers), skulls, candles, black draping, representations of Satan;
- ? bodily excretions and fluids: blood, urine, feces, semen;
- ? drugs, medicines, injections, potions;
- ? fire;
- ? chants and songs;
- ? religious sites: churches, graveyards, graves, altars, coffins; and
- ? torture, tying, confinement, murder.

Most allegations of ritual abuse come from young children, reporting this type of abuse in day care, and from adults, who are often psychiatrically very disturbed and describe ritual abuse during their childhoods. Issues of credibility are raised with both groups. Moreover, accounts of ritual abuse are most disturbing, to both those recounting the abuse and those hearing it.

SCOPE OF THE PROBLEM OF CHILD SEXUAL ABUSE

Clinicians and researchers working in sexual abuse believe that the problem is underreported. This belief is based on assumptions about sexual taboos and on research on adults sexually abused as children, the overwhelming majority of whom state that they did not report their victimization at the time of its occurrence. Moreover, it is probably true that situations involving female offenders as well as ones with boy victims are underidentified, in part because of societal perceptions about the gender of offenders and victims.

Estimates of the extent of sexual abuse come from three main sources—research on adults, who recount their experiences of sexual victimization as children; annual summaries of the accumulated reports of sexual abuse filed with child protection agencies; and two federally funded studies of child maltreatment entitled the *National Incidence Studies*. In addition, anecdotal information is supplied by some convicted/self-acknowledged offenders, who report sexually abusing scores and even hundreds of children before their arrest.

Prevalence of Child Sexual Abuse

Studies of the prevalence of sexual abuse are those involving adults that explore the extent to which persons experience sexual victimization during their childhoods. Findings are somewhat inconsistent for several reasons.

First, data are gathered using a variety of methodologies: telephone interviews, face-to-face interviews, and written communications (i.e., questionnaires). Second, a study may focus entirely on sexual abuse, or sexual abuse may be one of many issues covered. Third, some studies are of special populations, such as psychiatric patients, incarcerated sex offenders, and college students, whereas others are surveys of the general population. Finally, the definition of sexual abuse varies from study to study. Dimensions on which definitions may differ are maximum age for a victim, the age difference required between victim and offender, whether or not noncontact acts are included, and whether the act is unwanted.

The factors just mentioned have the following effects on rates of sexual abuse reported. Face-to-face interviews, particularly when the interviewer and interviewee are matched on sex and race, and multiple questions about sexual abuse may result in higher rates of disclosure. 26 However, it cannot be definitively stated that special populations such as prostitutes, drug addicts, or psychiatric populations have higher rates of sexual victimization than the general population, because some studies of the general population report quite high rates. Not surprisingly, when the definition is broader (e.g., inclusion of noncontact behaviors and "wanted" sexual acts) the rates go up.

Rates of victimization for females range from 6 to 62 percent, with most professionals estimating that between one in three and one in four women are sexually abused in some way during their childhoods. The rates for men are somewhat lower, ranging from 3 to 24 percent, 30 with most professionals believing that 1 in 10 men and perhaps as many as 1 in 6 are sexually abused as children. As noted earlier, many believe that male victimization is more underreported than female, in part because of societal failure to identify the behavior as abusive.

However, the boy himself may not define the behavior as sexual victimization but as sexual experience, especially if it involves a woman offender. Moreover, he may be less likely to disclose than a female victim, because he has been socialized not to talk about his problems. This reticence may be increased if the offender is a male, for he must overcome two taboos, having been the object of a sexual encounter with an adult and a male. Finally, he may not be as readily believed as a female victim.³¹

The Incidence of Child Sexual Abuse

Incidence of a problem is defined as the number of reports during a given time frame, yearly in the case of sexual abuse. From 1976 to 1986, data were available on the number of sexual abuse cases reported per year to child protection agencies, as part of data collection on all types of maltreatment. These cases were registered with the National Center on Child Abuse and Neglect, and data were analyzed by the American Humane Association. Over that 10-year period, there was a dramatic increase in the number of reports of sexual abuse and in the proportion of all maltreatment cases represented by sexual abuse. In 1976, the number of sexual abuse cases was 6,000, which represented a rate of 0.86 per 10,000 children in the United States. By 1986, the number of reported cases was 132,000, a rate of 20.89 per 10,000 children. This represents a 22-fold increase. Moreover, whereas in 1976 sexual abuse cases were only 3 percent of all reports, by 1986, they comprised 15 percent of reports.³²

Striking though these findings may be, their limitations must be appreciated. First, current data are not available. Second, cases included in this data set are limited to those that would warrant a CPS referral, generally cases in which the abuser is a caretaker or in which a caretaker fails to protect a child from sexual abuse. Thus, cases involving an extrafamilial abuser and a protective parent are not included. Third, the data only refer to reported cases. This means those cases that are unknown to professionals and those known but not reported are not included. Moreover, these are reports, not substantiations of sexual abuse. The national average substantiation rate is generally between 40 and 50 percent. Substantiation rates vary from State to State and among locations.

The National Incidence Studies (NIS- I and NIS-2) provide additional data on the rates of child maltreatment, including sexual abuse. Information for these studies was collected in 1980 and 1986; thus, they do not provide annual incidence rates, as the Child Protection data do. In addition, these studies project a national rate of child maltreatment based on information from 29 counties, rather than using reports from all States. Nevertheless, these studies do allow for some analysis of trends because data were collected at two different time points. Moreover, one of the most important features of the NIS studies is that they gathered information on unreported as well as reported cases.

Differences between the first and second studies indicate there was a more than threefold increase in the number of identified cases of sexual maltreatment.* An estimated 42,900 cases were identified by professionals in 1980 compared with 133,600 cases in 1986. These figures represent a rate of 7 cases per 10,000 children in 1980 and 21 cases per 10,000 in 1986. Despite the fact that the 1986 number and rate are quite close to the figures for suspected sexual abuse reported to child protection agencies in 1986, only about 51 percent of cases identified by professionals in the National Incidence Study were reported to child protective services (CPS). Furthermore, the proportion of cases identified but not reported to CPS did not change significantly between 1980 and 1986.

It is clear that available statistics on the prevalence and incidence of sexual abuse do not completely reflect the extent of the problem. However, they do provide a definite indication that the problem of sexual victimization is a significant one that deserves our attention and intervention.

THE EFFECTS OF SEXUAL ABUSE ON ITS VICTIMS

Concern about sexual abuse derives from more than merely the fact that it violates taboos and statutes. It comes principally from an appreciation of its effects on victims. In this section, the philosophical issue of why society is concerned about sexual abuse and documented effects will be discussed.

What's Wrong About Sex Between Adults and Children?

It is important for professionals, particularly if they dedicate a substantial part of their careers to intervening in sexual abuse situations, to distance themselves from their visceral reactions of disgust and outrage and rationally consider why sex between children and adults is so objectionable.

* These statistics from the revised second National Incidence Study reflect the revised definition of child abuse and neglect, which includes the combined total children who were demonstrably harmed and threatened with harm.

Organizations such as the North American Man Boy Love Association (NAMBLA) and the Rene Guyon Society challenge the assertion that sexual abuse is bad because of its effects on children. These organizations argue that what we label as harmful effects are not the effects of sexual abuse but the effects of societal condemnation of the behavior. Thus, children feel guilty about their involvement, suffer from "damaged goods syndrome,"³⁵ have low self-esteem, are depressed and suicidal, and experience helpless rage because society has stigmatized sex between adults and children. If society would cease to condemn the behavior, then children could enjoy guilt-free sexual encounters with adults. Such organizations also argue that we, as adults, are interfering with children's rights, specifically their right to control their own bodies and their sexual freedom, by making sex between children and adults unacceptable and illegal.

How can we respond to this argument? It is true that many of the effects of sexual abuse at least indirectly derive from how society views the activity. However, the impact also reflects the experience itself. The reader will recall the earlier discussion of differentiating abusive from nonabusive encounters on the basis of power, knowledge, and gratification.

Because the adult has more power, he/she has the capacity to impose the sexual behavior, which may be painful, intrusive, or overwhelming because of its novelty and sexual nature. This power may also be manifest in manipulation of the child into compliance. The child has little knowledge about the societal and personal implications of being involved in sex with an adult; in contrast, the adult has sophisticated knowledge of the significance of the encounter. The child's lack of power and knowledge means the child cannot give informed consent.³⁶ Finally, although in some cases the adult may perceive him/herself providing pleasure to the child, the main object is the gratification of the adult. That is what is wrong about sex between adults and children.

The Impact of Sexual Abuse

Regardless of the underlying causes of the impact of sexual abuse, the problems are very real for victims and their families. A number of attempts have been made to conceptualize the effects of sexual abuse.^{37,38,39,40} In addition, recent efforts to understand the impact of sexual abuse have gone beyond clinical impressions and case studies. They are based upon research findings, specifically controlled research in which sexually abused children are compared to a normal or nonsexually abused clinical population. There are close to 40 such studies to date.

Finkelhor, whose conceptualization of the traumatogenic effects of sexual abuse is the most widely employed, divides sequelae into four general categories, each having varied psychological and behavioral effects.

Traumatic sexualization. Included in the psychological outcomes of traumatic sexualization are aversive feelings about sex, overvaluing sex, and sexual identity problems. Behavioral manifestations of traumatic sexualization constitute a range of hypersexual behaviors as well as avoidance of or negative sexual encounters.

Stigmatization. Common psychological manifestations of stigmatization are what Sgroi calls damaged goods syndrome⁴³ and feelings of guilt and responsibility for the abuse or the consequences of disclosure. These feelings are likely to be reflected in self-destructive behaviors such as substance abuse, risk-taking acts, self-mutilation, suicidal gestures and acts, and provocative behavior designed to elicit punishment.

Betrayal. Perhaps the most fundamental damage from sexual abuse is its undermining of trust in those people who are supposed to be protectors and nurturers. Other psychological impacts of betrayal include anger and borderline functioning. Behavior that reflects this trauma includes avoidance of investment in others, manipulating others, re-enacting the trauma through subsequent involvement in exploitive and damaging relationships, and engaging in angry and acting-out behaviors.

Powerlessness. The psychological impact of the trauma of powerlessness includes both a perception of vulnerability and victimization and a desire to control or prevail, often by identification with the aggressor. As with the trauma of betrayal, behavioral manifestations may involve aggression and exploitation of others. On the other hand, the vulnerability effect of powerlessness may be avoidant responses, such as dissociation and running away; behavioral manifestations of anxiety, including phobias, sleep problems, elimination problems, and eating problems; and revictimization.

Our understanding of the impact of sexual abuse is frustrated by the wide variety of possible effects and the way research is conducted. Researchers do not necessarily choose to study the same effects, nor do they use the same methodology and instruments. Consequently, a particular symptom, such as substance abuse, may not be studied or may be examined using different techniques. Furthermore, although most studies find significant differences between sexually abused and nonabused children, the percentages of sexually abused children with a given symptom vary from study to study, and there is no symptom universally found in every victim.

In addition, often lower proportions of sexually abused children exhibit a particular symptom than do nonabused clinical comparison groups. Finally, although some victims suffer pervasive and debilitating effects, others are found to be asymptomatic.

In addition, a variety of factors influence how sexual maltreatment impacts on an individual. These factors include the age of the victim (both at the time of the abuse and the time of assessment), the sex of the victim, the sex of the offender, the extent of the sexual abuse, the relationship between offender and victim, the reaction of others to knowledge of the sexual abuse, other life experiences, and the length of time between the abuse and information gathering. For example, the findings for child victims and adult survivors are somewhat different.

It is important for professionals to appreciate both the incomplete state of knowledge about the consequences of sexual abuse and the variability in effects. Such information can be helpful in recognizing the wide variance in symptoms of sexual abuse and can prevent excessive optimism or pessimism in predicting its impact.

Instructions For The Supervisor

Workers receive an introduction to interviewing methods during Pre-service training. However, as with many complex skills, interviewing requires considerable practice and feedback to be fully mastered, and is therefore best learned on the job.

Depending on the worker's level of experience and educational background, he or she may have had the opportunity to refine the skills required to interview children and families. A worker can perfect interviewing skills in several ways, including shadowing experienced workers (as in this activity); jointly conducting interviews with a supervisor; role playing interview techniques with the supervisor or other workers; and reading basic texts on interviewing.

Instructions For The Trainee

Observe a child welfare worker conduct an interview and complete the observation sheet. No identifying information should be included.

Type of Visit: Home ____ Office ____ School ____ Other ____

Purpose of visit:

People present and relationship to child:

Place a check beside each technique that the worker uses and give an example. Note: You must give an example of each technique regardless of whether or not the worker uses it.

	Technique	Example
	Closed-ended questions	
	Forced choice/yes-no questions	
	Probing questions	
	Open-ended questions	
	Supportive responses	
	Active listening	
	Clarification	
	Summarization	
	Redirection	
	Giving options, suggestions, advice	
	Confrontation	
	Silence	
	Humor	

Place a check beside any of the pitfalls that you notice during the interview and give an example. Note: You must give an example of each pitfall.

	Pitfall	Example
	Leading questions	
	Inappropriate disclosure of personal information	
	Making promises that can't be kept	
	Inappropriate responses to hostile or accusatory statements	
	Giving solutions	

- ♦ **What were your reactions to this interview?**

- ♦ **How would you approach a similar interview?**

- ♦ **Did you notice anything during the interview about the interviewee's body language or voice tone that indicated his/her comfort or discomfort with the interview?**

- ♦ **What strategies do you plan to implement to ensure that you do not fall into one of the common pitfalls?**

- ♦ **What follow-up questions and concerns do you have for your supervisor?**

- ♦ **If the interview was with a child or adolescent, what special techniques did you notice that helped the worker to engage with him/her?**

Instructions For The Supervisor

Assessment is the cornerstone of the investigative and case planning process. For new workers, assessment is among the most complex of casework skills. Pre-service training introduces workers to the importance of comprehensive family assessment. They are taught the SEEMAP method of gathering and evaluating information relevant to the family. This is a very effective way to assess families as it covers six domains: social, economic, environmental, mental health, activities of daily living, and physical health. Assessing a family in this way sets a foundation for the identification of strengths and needs upon which interventions with the family may be planned.

Workers will not generally master this skill without considerable practice, supervisory support, periodic monitoring, and feedback. The supervisor plays a critical role in helping workers learn to conduct thorough and accurate family assessments. Case conference is perhaps the best way to monitor the worker's progress, and this activity provides a format by which to conduct a case conference.

Instructions For The Trainee

Accompany a child welfare worker on an initial visit with a family. If this is not possible, you may read the documentation of an existing case.

Complete a functional assessment of the family using the SEEMAP method, noting the strengths and needs of each domain.

SOCIAL	
Strengths	Needs

ECONOMIC/VOCATIONAL

Strengths	Needs

ENVIRONMENTAL

Strengths	Needs

MENTAL HEALTH

Strengths	Needs

ACTIVITIES OF DAILY LIVING

Strengths	Needs

PHYSICAL HEALTH

Strengths	Needs

If possible, discuss each domain with your supervisor or the worker assigned to the case. Answer the following questions:

- ♦ What was easy about assessing the family in this way?
- ♦ What was difficult?
- ♦ What questions do you still have about the family?
- ♦ What records, other sources might you have to consult, or referrals might you have to make in order to feel you have a complete and accurate picture of this family?
- ♦ If you chose to read the documentation of an existing case rather than shadowing a worker, did the documentation address all of the domains in some form? If not, what would you have included in order to perform a full assessment of the family?

This exercise is mandatory for all participants

Instructions For The Supervisor

This activity revisits Week 2 of Pre-service training in its entirety. The purpose is to introduce workers to the structure of a case record and to track a CPS investigation from referral through the case decision. This helps to familiarize them with time frames, definitions, and standards.

The supervisors should help identify a case for the worker to outline, keeping in mind that it should be one in which the most recent report was received after April 1, 2002 so that it includes the Structured Decision Making Tools. Supervisors should also be available to answer questions and provide guidance when needed.

Instructions For The Trainee

Pull a case record that is not currently active and answer the following questions. The case should be one in which the most recent report was received after April 1, 2002.

Case Number: _____ **Date intake received:** _____

- ◆ Do you concur with the screening decision based on the definitions and statutes?
- ◆ What was the basis for the screening decision?
- ◆ What response time was given? Was it correct?
- ◆ Was a two-level review conducted?
- ◆ What notices were sent out? Were the timeframes followed?

Date investigation initiated: _____

Date safety assessment completed: _____

- ◆ Safety factors present:

- ◆ Safety response:

- ◆ Safety decision:

Date risk assessment completed: _____

- ◆ Total neglect score: _____ Moderate/high/intensive risk factors (list):

- ◆ Total abuse score: _____ Moderate/high/intensive risk factors (list):

- ◆ Total risk level assigned: _____

Date Family Assessment of Strengths/Needs completed: _____

- ◆ Primary strengths of family:

- ◆ Primary needs:

- ◆ Children's well-being needs:

Date of Case Decision: _____

- ◆ What was the decision?
- ◆ What was the disposition?
- ◆ If transferred to case planning/case management, what behavioral needs and activities were addressed?

Date 5104 completed (report to Central Registry): _____

Were all forms completed within timeframes? If not, why?

Is there documentation to confirm that the case decision was discussed with the family? If not, how was the family notified?

This exercise is mandatory for all participants

Instructions For The Supervisor

As with the previous activity, this activity also provides an opportunity for workers to apply much of the material taught in Week 2 of Pre-service training to a case example. It is imperative that workers become familiar with and gain proficiency in the use of the Structured Decision Making Tools. Practice and repetition is the primary way for this to be accomplished.

Supervisors should ensure that workers have copies of all of the tools in order for them to complete this activity. Supervisors should also be available to answer questions and, if possible, conduct a case conference to discuss the case example with the worker.

Instructions For The Trainee

Read the following case example and complete the appropriate assessment tools as indicated. Your supervisor can help you obtain the appropriate forms.

DATE: July 9, 2001

CHILDREN: Laura Smith – 7 years old
Jason Brown – 9 months old

PARENTS: Mother – Carol Smith – 23 years old
Father – Paul Harris – 30 years old
Father – Virgil Wallace – 25 years old

ALLEGATION: Children were left alone without adult supervision.

INITIAL REPORT AND ASSESSMENT:

Sgt. White from the local law enforcement agency is requesting a CPS worker meet an officer at Carol Smith's apartment at 101 Jones Street, Anywhere, NC. Police were called at 7:50 a.m. on July 9, 2001 by an anonymous male, stating two very young children were home alone. No other information was available at the time of the initial call. The responding officer did receive a response at the door. 7-year-old Laura Smith and her 9-month-old brother, Jason Brown, were the only occupants of the apartment. The officer also reports that the apartment is a filthy mess. Sgt. White had no further details. Sgt. White would like for CPS to place the children in foster care immediately.

Upon arrival, the officer and social worker talked with the neighbor, Linda Jones. She states that the mother has left the children alone again... it happens all the time. The neighbor states that the 7-year-old has to care for the 9-month-old and the children come to different neighbors asking for food. Linda Jones states that the children are always dirty and the 7-year-old is very thin. She also reports that there are lots of people coming and going from the house at all hours of the day and night and that when the mother is home, there is lots of yelling and arguing. The officer and social worker proceed with the neighbor to the Smith home where the children were alone. The officer and worker found the home in disarray with minimal furniture and roach infested. The only food was one box of Cherrios with roaches in the box. Multiple liquor bottles, beer cans, and roach clips were on the coffee table. On the kitchen table were several social security cards with different names, and envelopes addressed to different people. There were no beds for the children, with blankets on the floor to sleep in. The bedroom door had a latch on the outside. The 7-year-old said their mother often locked them in the room the children shared. There was no working refrigerator or stove. Laura Smith had no idea where her mom was or how to reach her.

OBSERVATION OF CHILDREN:

On 7-9-01, the worker observed Jason, the 9-month-old son of Carol Smith. The child was severely underweight, unresponsive to interactions with adults, did not follow sound and had severe diaper rash. The child appeared to be developmentally behind as he was not crawling and seldom moved his extremities.

Laura, 7-years-old, seemed very small for her age and had a very bad skin rash on her face and arms. She appeared somewhat listless and had a flat affect. She expressed fear that her mother would be angry at her regarding the social worker's presence. Both children had very poor hygiene, with crusty skin and matted hair. Laura stated that she often watched the baby when her mother was gone and that the baby cried a lot when he was hungry. She stated she didn't know where her mom was. Laura was very proud of her accomplishments of safely caring for her younger brother. She indicated that she is in the first grade at Dalton Elementary School and likes her teacher, Ms. Brown. Laura was excited as she had read *The Cat in the Hat* to her brother for a bedtime story.

Neither Ms. Jones nor Laura was able to identify the whereabouts of Laura's father.

Approximately 30 minutes following the social worker's arrival, Ms. Smith returned to the home. She indicated that the children were asleep when she went to a neighbor's apartment to borrow money to pay the electricity bill the following morning. Ms. Smith showed the social worker the \$60.00 she had obtained from the neighbor. Within the last two weeks, Ms. Smith was temporarily laid off from her job at Fieldcrest-Cannon and is having financial

difficulties. Ms. Smith indicated this was an unusual circumstance to leave her children alone, but felt they would be safe as she was “only several apartments away”. Ms. Smith assured the social worker that she would not leave the children alone. The social worker and Ms. Smith discussed safety issues and entered a safety plan. Ms. Smith indicated she has a sister and friends that live in the apartment complex that could keep the children if she should need to go out of the home on another occasion. The social worker talked with Sara Lee, Ms. Smith’s sister, and she agreed to babysit the children when needed. Ms. Lee would be an appropriate child care plan.

STOP – COMPLETE SAFETY ASSESSMENT

ON-GOING INVESTIGATIVE ASSESSMENT

RECORDS CHECK:

There were three prior substantiated CPS neglect referrals in other counties. The mother had moved from county to county about every 6-12 months. The oldest child was in foster care for six months at the age of two. She was returned when her mother met the conditions for Laura’s return home. The worker recommended against a return home, but the judge said Ms. Smith had done all she was asked to do. She immediately moved to a new county and has not complied with any service agreements. One case remains open in a distant county, but has not been active for over a year, as the mother could not be reached.

Criminal check revealed prior arrests for fraud, check forging, shoplifting, and child neglect. She is currently on probation.

COLLATERAL CONTACTS:

The worker made contact with the probation officer who had requested a recent urine sample from Ms. Smith which was negative for drugs. The probation officer confirmed a long list of criminal behavior with little follow-through by Ms. Smith. The probation officer indicated that urine screens were a requirement of all individuals on probation. Ms. Smith tested positive on one occasion for traces of marijuana.

The worker contacted Laura’s teacher, Ms. Brown. She indicated that Laura often comes to school dirty and falls asleep in class. Laura indicates that the music in the house keeps her awake most nights. People are frequently in and out of the home and Laura indicates a fear of a man named Johnny as he gets

angry with Ms. Smith and hits her. Laura is a shy child who enjoys reading and takes great pride in reading stories to her younger brother.

CONTACT WITH LAURA'S FATHER:

Laura's biological father, Paul Harris, was contacted on July 10, 2001. When contacted, he stated that he and Ms. Smith had not been together for six years. He stated that a blood test proved he was the father of Laura Smith. He has been paying child support and has an order for visitation. Contact with Laura has been sporadic the last three years due to the frequent moves by Ms. Smith. He was unaware that there was another sibling. Mr. Harris is presently married and has a two-year-old child. He expresses an interest in helping his daughter in any way he can.

CONTACT WITH JASON'S FATHER:

The biological father of the 9-month-old child, Jason, is Virgil Wallace. He is presently in prison for drug possession. He states he has never seen the child, has had no contact and is not interested in ever parenting his child. Mr. Wallace has never paid child support for Jason. Mr. Wallace is serving a five year prison sentence with an anticipated release date of May 2006.

Decision made to substantiate neglect on July 15, 2002.

COMPLETE THE RISK ASSESSMENT, FAMILY STRENGTHS/NEEDS ASSESSMENT, AND CASE DECISION FORMS

Pulling It All Together: Final Steps

During the final week of Pre-service training, workers will be given three final activities as a supplement to the material taught that week. They will be expected to complete these activities as homework and present them to the trainer on the last day of training. Within 30 days of the completion of training, the trainers will mail the supervisor the complete Transfer of Learning packet, along with the Participant Feedback Form and Certificate of Completion. Again, these are required elements of Pre-service Training.

Included in this manual is the instruction letter that participants receive with these final three assignments, as well as the activities themselves. No instructions for supervisors are given as these activities are designed to be completely self-directed.



North Carolina Department of Health and Human Services Division of Social Services

2412 Mail Service Center • Raleigh, North Carolina 27699-2412

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Pheon E. Beal, Director
(919) 733-3055

Dear Pre-service Training Participant:

Congratulations on entering the final week of Child Welfare in North Carolina! This represents a considerable effort on your part and is a very important milestone in your career. Nevertheless, the learning process has just begun.

As you know, formal training cannot, by itself, develop your abilities to the level needed to effectively perform your job. Therefore, there are a few more steps that you must complete in an effort to promote the transfer of learning from the classroom to the job. In order to fulfill the requirements of Pre-service training, you must complete these final steps and return the **entire** Transfer of Learning packet (including the first ten activities) to your trainer on the final day of training. Within 30 days, your trainer will return it to you through your supervisor along with your certificate of completion for the 72 hours of Pre-service training.

Again, congratulations on this important step in your professional development. The Children's Services Statewide Training Partnership thanks you for your level of participation and commitment during the training. Your trainer will be happy to assist you should you have any questions about the training process or the activities.

Sincerely,

A handwritten signature in cursive script that reads "Rebecca B. Brigham".

Rebecca B. Brigham, MSW, LCSW
Team Leader, Staff Development Team
Children's Services

Enclosures

The Role of the Case Planner and Case Manager

- 1. Give examples from the case of how you would act as a resource person, a role model, a coach, and a teacher, in working with this family.**

2. How would you engage this family using a family-centered approach?

3. In your assessment of this family, what are the strengths of this family?
4. In your assessment of this family, what are the needs and issues that you would help them with as a case planner/case manager?
5. If you were to complete a Family Services Case Plan, the Service Agreement, upon substantiation of neglect on July 15, 2002, what objectives and activities would you include (remember to use SMART language)?

This activity should be completed after Day 11 of training.

Read the following continuation of the Laura Smith case example and complete the attached assessment tools as indicated. You may need to refer to the initial case example from your Transfer of Learning week activities to refresh your memory on the identifying information and case decision assessment.

REASSESSMENT – OCTOBER, 2001:

Reassessment in Case Planing and Case Management revealed that Ms. Smith is complying with service agreement as of October, 2001.

REASON FOR PLACEMENT – NOVEMBER 21, 2001:

On November 21, 2001, the on-call social worker was contacted by law enforcement at 6:30 p.m. and asked to come to the Smith apartment. The children were found by a neighbor wandering in the parking lot. Laura indicated that her mother was not at home and she had cooked a cheese sandwich for herself and gave Jason some crackers and juice. Laura did not know where her mother was located. The home was infested with roaches that were observed crawling in the food and on the walls. Food on the counter top and refrigerator was molded. No electricity was in the home. Cocaine was left on the kitchen counter top. Both children were observed to be thin for their age. Interviews with neighbors indicated that they last saw Ms. Smith around 2:00 p.m. on this date. The social worker attempted to locate Ms. Smith without success. During the social worker's intervention, Ms. Smith's probation officer arrived indicating that she was also attempting to locate Ms. Smith. The probation officer indicated that a recent urine screen tested positive for cocaine. As this was a violation of her probation, she would be arrested. Now with this incident, law enforcement is charging Ms. Smith with child neglect.

Social worker located a foster home for the two children and filed a non-secure custody order and petition. Both Laura and Jason were placed in a foster home.

INTERVIEW WITH MS. SMITH IN JAIL:

Carol Smith was interviewed at the county jail on November 21, 2001. She is quite angry about her children being placed in foster care. She demands to know where they are located and who called in the report. She blames her neighbors for any trouble she may have encountered, believing her neighbors are "out to get" her. She feels she is a good mother and that the only problem is the system is trying to take her children away from her. She denies her drug use and says that her probation officer is against her.

With this new turn of events, which tools must the worker now complete, and when must they be completed?

Why?

Re-Assessment – January 5, 2002

Ms. Smith was released from jail on November 25, 2001. Since her release, Ms. Smith has begun a local drug day treatment program. Random urine screens have been clean. She is attending NA meetings 3-4 times per week. Jason is in developmental day care throughout the day.

On December 10, 2001, Ms. Smith was hired by Wayside Restaurant. She is working 30 hours per week. Her employer has worked with Ms. Smith regarding her treatment and visitation with her children. The foster parents encourage weekly visits between Ms. Smith and her children in the home. She has missed only one visit due to illness. Ms. Smith is able to discuss the difficulties she has experienced in her life and the neglectful situation of her own childhood. She is now able to discuss the danger she placed her children in over the last several months. Ms. Smith has attended a weekly parenting class that addresses age-appropriate supervision and the need to make child care arrangements for young children. She has identified several family members and Laura's father as potential safety resources.

Home visit indicates that the electricity is restored, fresh food is in the home, and the apartment manager has been exterminating every month. The trash, clothing and other items have been removed from the floor. Ms. Smith talked with the Kidney Foundation about her situation and they donated beds for the children.

Ms. Smith is interested in unsupervised visits for the children with returned custody in the near future. She expresses the desire to complete the drug treatment program and become more stable before she parents her children full-time.

COMPLETE THE REUNIFICATION ASSESSMENT AND THE FAMILY STRENGTHS/NEEDS ASSESSMENT

This activity should be completed after Day 11 of training.

The Action Plan is a formalized mechanism to continue the learning process beyond the classroom. The plan serves as an outline for goal setting that contains specific outcomes, time frames, steps/tasks to achieve the outcomes, and persons involved with the goal attainment. Action Plans may address specific learning gaps, interests, and/or behavior identified as a result of the Participant Feedback Form.

The Action Plan should provide the overall plan to implement specific content learned in Pre-service training. You will want to consider what additional learning activities are needed to further reinforce or strengthen job skills. An example of a learning objective may be to gain additional knowledge about interviewing techniques and become more comfortable with interviewing families. Some strategies for meeting this objective could be shadowing or observing experienced workers, inviting a supervisor or experienced worker to observe an interview and give you feedback, watch a video that models interviewing techniques, or read additional materials about interviewing.

The plan should be used in the same way as a family service case plan; it is a collaborative effort to identify learning needs, set appropriate objectives, and guide activities to address the needs.

ACTION PLAN

Name of Worker _____

Date of Contract _____

Time Period of Plan _____ to _____

Supervisor _____

Learning Objective <i>What areas do I need to develop additional knowledge and/or skills?</i>	Resources & Strategies <i>How will I accomplish this objective?</i>	Target Date <i>When do I want to accomplish this objective?</i>	Indicators of Accomplishment <i>How will I know that I've met my objective?</i>
#1			
#2			
#3			

CHECKLIST

Name of Worker _____ Supervisor _____

Orientation Activities

Date Completed

Notes/Comments

Pre-training Conference with Supervisor		
Review of Computer-Based Training Modules		

Transfer of Learning Week Activities

(Complete eight out of ten)

Roles and Functions in Child Welfare and Beyond		
The Role of the Community in CPS		
Laws, Rules, Policies, and Standards		
Cultural Competence		
Child Development		
Assessing Child Sexual Abuse		
The Social Work Interview		
The Functional Assessment		
The Investigative Process (mandatory)		
The Ingredients of a Case Decision (mandatory)		

Final Steps (must complete all three)

The Role of the Case Planner and Case Manager		
Family Reunification Assessment		
Action Plan		

References

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- Lockhart, L.L. & Issac, A.R. (2000). In the best interest of the child. In R.F. Rivas & G.H. Hull (Eds.), *Case Studies in Generalist Practice*. Pacific Grove, CA: Brooks/Cole Publishing.
- Rycus, J.S., Beeler, N.G., Tyler, L., & Hughes, R.C. *An orientation and self directed learning manual for child welfare caseworkers*. Columbus, OH: The Institute for Human Services.

